

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/019508</b> APPLICANT(S) <i>Piper</i>		FILING DATE <b>11 APR 2002</b>		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51				
2				/			52				
3			/				53				
4			/				54				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			5				TOTAL IND.				
TOTAL DEP.			11				TOTAL DEP.				
TOTAL CLAIMS			16				TOTAL CLAIMS				